



State of Utah
DEPARTMENT OF COMMERCE
Division of Corporations & Commercial Code
PO Box 146705
Salt Lake City UT 84114-6705

Non-Refundable Processing Fee: \$52.00

Phone: (801) 530-4849
or toll free in-state (877) 526-3994
Fax: (801) 530-6438

Articles of Organization

Important: Read instructions before completing form

1. Name of Limited Liability Company:				
2. Purpose:				
3. Registered Agent Name, Signature and Street Address: (must be a Utah address where process may be served)	<div>Name _____</div> <div>Street Address _____ City _____ Utah _____ Zip _____</div> <div>I hereby accept appointment as Registered Agent for the above named company.</div> <div>Authorized Signature of R.A. or on behalf of R.A. Company _____ Date _____</div> <div>The Director of the Division of Corporations shall be appointed agent of the company for service of process if the agent has resigned, the agent's authority has been revoked, or the agent cannot be found or served with the exercise of reasonable diligence.</div>			
4. Designated Office: (must be a Utah street address)		<div>Street Address _____ City _____ Utah _____ Zip _____</div> <div>The company's registered office shall be its designated office.</div>		
5. Organizer(s):	The company <u>does</u> <u>does not</u> have organizers who are not members or managers of the company.			
6. Name and Address of each Organizer who is not a Member or Manager: (attach additional page if needed)	<div>1. _____</div> <div>Name _____</div> <div>Address _____ City _____ State _____ Zip _____</div> <div>Signature _____ Date _____</div> <div>2. _____</div> <div>Name _____</div> <div>Address _____ City _____ State _____ Zip _____</div> <div>Signature _____ Date _____</div>			
7. Management:	The company will be <u>manager</u> <u>member</u> managed.			
8. Name and Address of Members/Managers: (attach an additional page if there are more than 2 members and/or managers)	<div>1. _____</div> <div>Name _____ Position _____</div> <div>Address _____ City _____ State _____ Zip _____</div> <div>Signature _____ Date _____</div> <div>2. _____</div> <div>Name _____ Position _____</div> <div>Address _____ City _____ State _____ Zip _____</div> <div>Signature _____ Date _____</div>			
9. Duration: (may not exceed 99 years)		The duration of the company shall be _____ years.		
		The duration date of the company shall be _____		
10. Principal Address:	<div>Address _____ City _____ State _____ Zip _____</div>			